

## CAP REAL PROPERTY SURVEY

Complete Section I and either Section II or Section III (type or print clearly), then submit to Wing Logistics

### Section I

Unit Name:

Charter #: **RMR-CO-**

Address:

### Section II

I certify that my unit **does not** own, lease, rent, occupy or use real property.

Unit Commander's Signature:

Date:

### Section III

My unit **does** own, lease, rent, occupy and/or use real property as described below.

Use a separate survey form for each parcel (location) and for each owner (for example if land is owned by one and the building is owned by another)

Location of property (include address):

Description property (Check type of property and description should include dimensions, square footage or acreage):

- ☐ Land: \_\_\_\_\_
- ☐ Building: \_\_\_\_\_
- ☐ Immobile vehicle/trailers: \_\_\_\_\_ Serial #: \_\_\_\_\_

Ownership of property (Check whether owned by CAP or other owner):

- ☐ CAP Corporation (list name and address of donor or seller and attach copy of deed or title):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check how acquired:

Date Acquired: \_\_\_\_\_

☐ Gift

☐ Purchased: Amount paid or other  
value exchanged \$ \_\_\_\_\_

Estimated current value:

Land \$ \_\_\_\_\_ Building(s) \$ \_\_\_\_\_

- ☐ Other (list name and address of owner and attach copy of instrument granting permission to use):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check type of owner:

Check type of instrument:

☐ Air Force

☐ License

☐ DOD, Other than AF

☐ Permit

☐ GSA

☐ Lease

☐ State

☐ Rental Agreement

☐ Local Government

☐ Letter of Agreement

☐ Church Property

☐ Verbal agreement\*

☐ Private

\*attach list of terms, witnesses, etc.

Payment per month/year: \$ \_\_\_\_\_ Expiration date  
of instrument: \_\_\_\_\_

Insurance coverage of property (If the unit carries any insurance associated with this property other than what is carried by National Headquarters, list carrier, describe coverage and attach copy of policy):

Usage of property (check as many as apply):

- ☐ Meetings/Training ☐ Encampments/outside activities. ☐ Storage. ☐ Non-CAP related activities.  
☐ Other (Please explain)

I certify that the above is true and correct to the best of my knowledge after diligent search of all facts and records reasonably available to me. I understand that failure to return this questionnaire with accurate and complete responses may jeopardize my unit's insurance coverage and continuation of my unit's charter.

Unit Commander's Signature:

Date:

Verbal Agreement data: